

Behested Payment Report

A Public Document

RECEIVED
San Jose City Clerk

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Rocha, Donald
Agency Name

City of San Jose
Agency Street Address

200. East Santa Clara St. San Jose, CA 95113
Designated Contact Person (Name and title, if different)

Shirley Goings Executive Assistant

Area Code/Phone Number
408-535-4909

E-mail (Optional)

Date Stamp

2016 NOV -9 PM 2:44

ee otc

California Form 803

For Official Use Only

☐ Amendment (See Part 5)

Date of Original Filing: _____
(month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Charles Keenan
Name

700 Emerson Street
Address

Palo Alto
City

CA
State

94301
Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Yes on A for Affordable Housing
Name

6469 Almaden Exwy. San Jose
Address City State Zip Code
Suite 80-173

4. Payment Information (Complete all information.)

Date of Payment: *10/19/16*
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ *\$5,000.00*
(Round to whole dollars.)

Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) ☒ Legislative ☐ Governmental ☐ Charitable

Describe the legislative, governmental, charitable purpose, or event: _____

Measure A for Affordable Housing Campaign

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on *10/19/16*
DATE

By *Dr. Rocha*
SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER